REG.	NO.	
	_ ,	

INI	DIVIDUAL REGISTE	RATION						
	Check Box if Initial Regi	istration		Check Box if Amendment to Initial Registration				
1.								
1.	Name of Registrant (Please print or type name of individual)			Phone (Include Area Code)				
	Street Address	City		State	Zip Code			
	Email Address							
2.	List names of person(s), firm(s), corporation(s) or organization(s) represented by the Registrant. Attach additional sheet(s) if necessary. Any person, corporation, firm or organization represented by a legislative							
				individual expenditures o				
aggregate total of more than \$100.00 to an individual County officer or employee described in t								
	Code on a quarterly ba	asis. (Section 23	.106)					
N	AME OF FIRM, CORP. OR OR REPRESENTE			ADDRESS		PHONE NO.		
3.	attempt to influence a Supervisors." Attach a office) may not accep	ny member of the additional sheet(s t campaign contri	e Board of i) if necessalibutions from	e registrant will attempt to Supervisors, the list shall ary. Elected officeholders om any registered legislat r (or the office to which the	include the "Boas (and candidates ive advocate who	rd of for elective se registration		
	NAME OF COUNTY OFFICE(S)		NAME OF	COUNTY OFFICE(S)			
				ntements are true and corrects of Registration for cur				
Dat	e:		Registran	t's Signature:				
	ASE RETURN FORM TO:							

CLERK OF THE BOARD OF SUPERVISORS 1600 PACIFIC HIGHWAY, ROOM 402 SAN DIEGO, CA 92101